

**DECLARATION AND POWER
OF ATTORNEY FOR UTILITY
OR DESIGN**

PATENT APPLICATION

☐ Declaration ☒ Declaration
Submitted with Submitted after Initial
Initial Filing Filing (surcharge
37 CFR 1.16(e) required)

Attorney Docket No. LEX-004

First Named Inventor Gillies

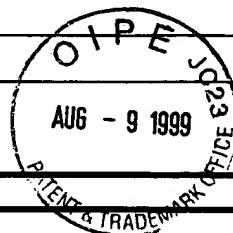
COMPLETE IF KNOWN

Application Serial Number 09/292,217

Filing Date April 15, 1999

Group Art Unit

Examiner Name



As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ENHANCEMENT OF ANTIBODY-CYTOKINE FUSION PROTEIN MEDIATED IMMUNE RESPONSES BY CO-
ADMINISTRATION WITH ANGIOGENESIS INHIBITOR

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on 04/15/1999 as United States Application Serial Number or PCT International
(MM/DD/YYYY)

Application Number 09/292,217 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

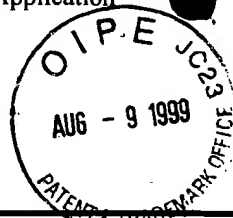
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.
60/081,863	04/15/1998	



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

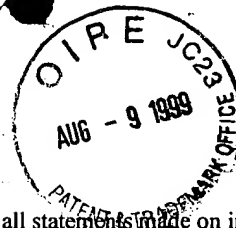
Place Customer
Number Bar Code
Label Here

Name	Registration Number	Name	Registration Number
Steven M. Bauer	31,481	Kurt W. Lockwood	40,704
Isabelle A.S. Blundell	43,321	Marianne McLaughlin	42,870
Michael H. Brodowski	41,640	Thomas C. Meyers	36,989
Jennifer A. Camacho	43,526	Joseph B. Milstein	42,897
Joseph A. Capraro, Jr.	36,471	Ronda P. Moore	44,244
John J. Cotter	38,116	Edmund R. Pitcher	27,829
Jennifer L. Dupre	41,722	Kurt Rauschenbach	40,137
John V. Forcier	42,545	Michael A. Rodriguez	41,274
Michael Giannetta	42,574	Michael J. Schmelzer	43,093
Duncan A. Greenhalgh	38,678	J. Scott Southworth	39,382
William G. Guerin	41,047	Christopher W. Stamos	35,370
Ira Heffan	41,059	Robert J. Tosti	35,393
Danielle L. Herritt	43,670	Thomas A. Turano	35,722
Elizabeth E. Kim	43,334	Michael J. Twomey	38,349
Douglas J. Kline	35,574	Christine C. Vito	39,061
John D. Lanza	40,060	Patrick R.H. Waller	41,418
Timothy P. Linkkila	40,702		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])						Family Name or Surname			
Stephen D.						Gillies			
Inventor's Signature	<i>Stephen D. Gillies</i>					Date	8-4-99		
Street Address	159 Sunset Road					Citizenship	USA		
	City	Carlisle	State	MA	Zip	01741	Country	MA	
Post Office Address	159 Sunset Road								
	City	Carlisle	State	MA	Zip	01741	Country	MA	
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) attached hereto.									
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])						Family Name or Surname			
Inventor's Signature						Date			
Street Address						Citizenship			
	City		State		Zip		Country		
Post Office Address									
	City		State		Zip		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])						Family Name or Surname			
Inventor's Signature						Date			
Street Address						Citizenship			
	City		State		Zip		Country		
Post Office Address									
	City		State		Zip		Country		